

QUARTERLY CUMULATIVE CASELOAD REPORT
 Rehabilitation Services Administration
 OSERS/US DEPARTMENT OF EDUCATION

Fiscal Year _____

State _____ Blind Oct-Dec Oct-Jun
 General/Combined Oct-Mar Oct-Sep

Operated Under Order Of Selection During Period? Yes
 No

CASELOAD ITEMS	TOTAL NUMBER	NUMBER WITH SIGNIFICANT DISABILITY
A. APPLICATIONS AND ELIGIBILITY		
<i>Applicants</i>		
1 Applicants On Hand October 1		
2 Applicants, New This FY		
3 Applicants At End Of Period (A1+A2-A5-A8-A12-D7)		
4 Applicants In Trial Work/EE On Hand, October 1		
5 Applicants In Trial Work/EE Referred This FY		
6 Applicants In Trial Work/EE At End Of Period (A4+A5-A9-A13-D6)		
<i>Eligible Individuals On Order Of Selection (OOS) Waiting List</i>		
7 Individuals On OOS Waiting List On Hand October 1		
8 Individuals On OOS Waiting List, New This FY From Application		
9 Individuals On OOS Waiting List, New This FY From Trial Work/EE		
10 Individuals On OOS Waiting List At End Of Period (A7+A8+A9-A14-D5)		
<i>Individuals Determined Eligible, Before Signed IPE</i>		
11 Eligible Individuals Before Signed IPE On Hand, October 1		
12 Eligible Individuals Before Signed IPE, New This FY From Application		
13 Eligible Individuals Before Signed IPE, New This FY From Trial work/EE		
14 Eligible Individuals Before Signed IPE, New This FY From OOS Waiting List		
15 Eligible Individuals Before Signed IPE At End Of Period (A11+A12+A13+A14-B2-D3)		

CASELOAD ITEMS	TOTAL NUMBER	NUMBER WITH SIGNIFICANT DISABILITY
B. DEVELOPMENT OF INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)		
1 Individuals With Signed IPE, Before Receiving Services, On Hand October 1		
2 Individuals With Signed IPE, Before Receiving Services, This FY		
3 Individuals With Signed IPE, Before Receiving Services, At End Of Period (B1+B2-C2-D4)		
C. SERVICE IMPLEMENTATION		
1 Individuals Receiving Services, On Hand October 1		
2 Individuals Receiving Services, Beginning This FY		
3 Individuals Receiving Services At End Of Period (C1+C2-D1-D2)		
D. OUTCOMES FOR INDIVIDUALS EXITING THE PROGRAM		
1 Individuals Exiting With Employment Outcomes		
2 Individuals Exiting Without Employment, After Receiving Services		
3 Individuals Exiting Without Employment, After Eligibility, Before Signed IPE		
4 Individuals Exiting Without Employment, After Signed IPE, Before Receiving Services		
5 Individuals Exiting From OOS Waiting List		
6 Individuals Exiting From Trial Work/EE		
7 Individuals Exiting As Applicants		
8 Total Number Of Individuals Exiting The Program (D1+D2+D3+D4+D5+D6+D7)		

Contact Person (Please Print) _____ Phone Number _____

E-mail address _____

Date _____ Authorized Signature _____

Paperwork Reduction Act Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.0 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefits (Rehabilitation Act of 1973, as amended). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0013. Note: Please do not return the completed RSA-113 form to this address.